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STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH
AND ADDICTION SERVICES
A HEALTHCARE SERVICE AGENCY

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COMMISSIONER

Testimony of Patricia A. Rehmer, MSN, Commissioner Department of Mental Health and Addiction Services Before the Appropriations Committee November 18, 2009

DEFICIENCY TESTIMONY

Good Afternoon, Senator Harp, Representative Geragosian, and distinguished members of the Appropriations Committee. I am Patricia A. Rehmer, Commissioner of the Department of Mental Health and Addiction Services. I come before you today to answer any questions you may have regarding the DMHAS projected deficiency of \$13.8 million.

The shortfall occurs in the following accounts:

Other Expenses	\$9.0 million
Professional Services	\$800,000
Discharge and Diversion	\$4.0 million

The Other Expenses account shortfall of \$9.0 million is related to not being able to achieve all of the savings and holdbacks that are contained in the department's adjusted appropriation for FY2010. The department's Other Expenses account was reduced by \$12.8 million dollars. It is anticipated that the department will be able to achieve \$3.8 million of the required savings by reducing expenditures to all but essential items. Many items funded from the Other Expenses

account are not easily controllable – such as higher food prices, utility cost increases, and various other expenses of running inpatient facilities – but we are committed to strictly monitoring all expenditures and to achieving savings wherever possible. However, it is unlikely that additional savings can be achieved in this account.

Our Professional Services deficiency of \$800,000 is due to the loss of physicians and psychiatrists at our inpatient facilities through the retirement incentive program and the need to contract for medical services while replacements are being sought.

The shortfall in the Discharge and Diversion account of \$4.0 million dollars is the result of the department's continued emphasis on recovery and the need to treat people in the least restrictive environment. These funds will be used to facilitate the discharge of patients who no longer meet the inpatient level of care criteria from our inpatient facilities into individualized community placements and to develop intermediate care capacity in the general hospitals.

Thank you for the opportunity to address the Committee today on the department's projected deficiency. I would be happy to answer any questions you may have at this at this time.